



Commonwealth of Massachusetts

Department of Public Safety

Vertical Reciprocating Conveyor Training Log

An owner may use an alternate form, provided it contains all of the information contained in this form.

In compliance with MA Elevator Regulations 524 CMR 32.00 et seq. the individual(s) listed below have been trained in the safe operation of the Vertical Reciprocating Conveyor.

Controlled and Non-Controlled Access Facility:

(Street Address)

(City)

(Zip Code)

(State Tag Number)

Facility Employee(s)

Date of Training	Name	Address	City and State	Initials of employee

I hereby certify that pursuant to 524 CMR 32.11 and 32.12, I trained the above individuals on the safe operation of the Vertical Reciprocating Conveyor identified above and located at the above referenced location and that I have attached the training curriculum to this document.

(Signature of Trainer)

(Print Name)

(Date)

Please Note – All training logs/documentation/curriculum(s) (or a copy) are to be stored on site and readily available to a MA state elevator inspector.